

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
CG 1127753  
APPLICANT(S)  
FILING DATE  
3/3/93

	CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51				
2						52				
3						53				
4						54				
5						55				
6						56				
7						57				
8						58				
9						59				
10						60				
11						61				
12						62				
13						63				
14	1		1		1	64				
15		1		1	1	65				
16	1		1		1	66				
17		1		1	1	67				
18	1		1		1	68				
19		1		1	1	69				
20	1		1		1	70				
21		1		1	1	71				
22	1		1		1	72				
23		1		1	1	73				
24	1		1		1	74				
25						75				
26						76				
27						77				
28						78				
29						79				
30						80				
31						81				
32						82				
33						83				
34						84				
35						85				
36						86				
37						87				
38						88				
39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	2		2		2					
TOTAL DEP.	22	22	22	22	22					
TOTAL CLAIMS	24		24		24					